



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health

Protective Health Services

Professional Counselor Licensing - 0504

1000 NE 10th Street

Oklahoma City, OK 73117-1299

Telephone: (405) 271-6030

FAX: (405) 271-1918

<http://pcl.health.ok.gov>

**LPC SUPERVISOR APPLICATION FORM**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

3. Address of current employment: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

4. Oklahoma license number: \_\_\_\_\_ Issue date: \_\_\_\_\_

5. Are you an LPC in another state?  Yes  No If "yes", what state? \_\_\_\_\_

**PLEASE NOTE: Unless you can answer "yes" to numbers 6, 7 and 8 or 6, 7 and 9, do not submit this application until you have completed those tasks.**

**6. Do you have two years of experience beyond the number of years which were required to qualify for your licensure.**

Yes  No

**7. Have you taken and passed the Oklahoma Legal and Ethical Responsibilities Exam?**

Yes  No

**8. Have you successfully completed a university graduate course in counselor supervision?**

Yes  No (an official transcript listing the course must be on file with the PCL office)

**9. Have you successfully completed an approved equivalency counselor supervision course?**

Yes  No (a copy of the certificate of completion must be on file with the PCL office)

**10. Are you currently under investigation or have you had disciplinary action taken against you by any professional organization, registering/certifying/licensing body, or legal agency for civil criminal or professional misconduct?**  Yes  No (If yes, enclose detailed information on a separate sheet.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....(For board use only).....

Date application approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_ Staff initials: \_\_\_\_\_